



Girl's Fall In-Town Pee Wee Lacrosse

Expose your "Little Warrior" to America's first and fastest growing sport. These **FOUR** sessions are designed to teach **girls** the fundamentals of this fast-paced and exciting game. In addition, this program also stresses the importance of teamwork and good sportsmanship. This is a non-contact program and no equipment is necessary. Participants are only required bring with them a lacrosse stick and a desire to have fun.

For: Bridgewater-Raritan Residents – **Girls** ages 3 years old thru 1st Grade

When: Sundays, September 25 and October 9, 16, & 23 2016 from 4:00 to 5:00pm
In case of inclement weather, the makeup date will be October 30, 2016

Where: Bridgewater-Raritan High School (BRHS) Turf Fields

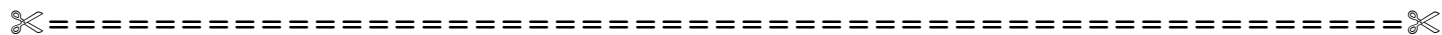
Cost: \$50.00 Bridgewater-Raritan resident participants who need to purchase a lacrosse stick **or** \$30.00 for participants who already own a stick. Checks made payable to "Bridgewater Lacrosse Inc."

**Now 4
Sessions!**

For more information contact nciocon@hotmail.com or check out our website at: www.bridgewaterlacrosse.com.
On-line registration is also available on our website (Preferred method! PayPal and credit cards accepted online only.)

⇒ **Registration Deadline:** Friday, September 16, 2016 ⇐
by 5:00pm at the Recreation Department

Bridgewater Recreation Department 100 Commons Way – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Thursday 8am to 5pm Friday www.bridgewaternj.gov



2016 Fall Girl's Pee Wee Lacrosse

\$50.00 if purchasing stick or \$30.00 checks payable to "Bridgewater Lacrosse Inc."

Last Name: _____		First Name: _____	
Mailing Address: _____		Town: _____ Zip: _____	
Home Phone #: () _____		Parent Cell #: () _____	
Parent's First & Last Names: _____		Child's Date of Birth: _____	Child's age as of 9/2016: _____
Parent's E-mail Address: _____		Need Stick: Yes or No (Circle one)	
<small>(Please print neatly)</small>			
Grade: Pre-k K 1 st (Circle one)		School: _____	

If participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.
☐ Yes, I will need to be notified regarding special considerations for my child.

Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants, nor does Bridgewater Lacrosse require that each participant be a member of US lacrosse which provides supplementary insurance. Each participant needs to be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

_____/_____/_____
Date